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23460 7590 07/25/2008								-	ission	
LEYDIG VOIT & MAYER, LTD TWO PRUDENTIAL PLAZA, SUITE 4900 180 NORTH STETSON AVENUE						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVE		OR	ATTORNEY DOCKET NO		RNEY DOCKET NO.	CONFIRMATION NO.	
10/577,164	04/26/2006		Uwe Dingert					250550	4082	
TITLE OF INVENTION	: WIPING PLATE									
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE DU	JE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1440	\$300		\$0		\$1740	10/27/2008	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
WILSON, LEE D			3723 015-231000							
1. Change of corresponde	ence address or indication	n of "Fe	ee Address" (37	2. For printing on th	•			Leydig,		
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Address form PTO/SB/122) attached.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	4 то в	E PRINTED ON	THE PATENT (print or	typ	e)				
PLEASE NOTE: Unl recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp	ified be pletion (clow, no assignee of this form is NO	data will appear on the T a substitute for filing	e pa an a	itent. If an assign assignment.	ee is io	lentified below, the do	cument has been filed for	
						CE: (CITY and STATE OR COUNTRY)				
Carl Freudenberg KG				Weinheim, Germany						
Please check the appropr	iate assignee category or	catego	ries (will not be p	rinted on the patent):		Individual 🖾 Co	orporat	on or other private gro	up entity Government	
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X Issue Fee	A check is enclosed.									
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Advance Order - #	overpayment, to D	epos	sit Account Numb	er 12-	1216 (enclose a	extra copy of this form).				
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Authorized Signature	1/2	9				Date AC	(Ve	27 18 4 OCT	<u> </u>	
Typed or printed name			Esq.			Registration 1	10	40,505		
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